

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030609

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1318

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 10 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

Length of stay in 1b

2 mos.

c. FULL NAME OF (If NOT in hospital, give location)

Burge-Protestant

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Laclede

c. CITY

OR

Lebanon

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

Route #5

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

George

Middle

Henry

Last

Darrow

4. DATE

Month

Day

Year

Aug.

31.

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-18-11

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

Camden County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

A.B. Darrow

13b. MOTHER'S MAIDEN NAME

Annie Triplett

14. NAME OF HUSBAND OR WIFE

Edith Darrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Edith Darrow, Rt. 5, Lebanon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemia, acute, extensive, secondary to lung abscess, right.

INTERVAL BETWEEN ONSET AND DEATH

48 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute paralytic ileus

48 hrs.

DUE TO (c)

Post operative repair of esophagus & drainage of empyema and gastrotomy

2 1/2 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5-15-62

to 8-30-62

and last saw him alive on 8-30-62

Death occurred at

1:50

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Doctor or nurse)

22b. ADDRESS

315 Prof. Bldg. Springfield, Missouri

22c. DATE SIGNED

9-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

9-2-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Rose Memorial Park

23d. LOCATION (City, town, or county)

Lebanon, Laclede Col., Mo.

24. FUNERAL DIRECTOR

ADDRESS

Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

9-7-62

26. REGISTRAR'S SIGNATURE

Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed

Brie M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 8-31-62